

PART B - FEE(S) TRANSMISSION

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040854 7590 10/13/2006

RANKIN, HILL, PORTER & CLARK LLP
4080 ERIE STREET
WILLOUGHBY, OH 44094-7836

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/779,512	02/13/2004	Jabra Deir	JAB-14593	8897

TITLE OF INVENTION: SEGREGATED CONTAINER FOR HOLDING MULTIPLE SUBSTANCES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	01/16/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEAVER, SUE A	3781	215-010000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address or Change of Correspondence Address form PTO/SB/122 attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 5 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered patent attorney or agent) or the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Rankin, Hill, Porter & Clark LLP

2. _____

3. _____

3. ASSIGNEE NAME AND ADDRESS DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0160 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: /David E. Spaw/

Date: January 3, 2007

Typed or printed name: David E. Spaw

Registration No. 34,372

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